Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
Advanced Infusion Solutions

Respondent Name
Continental Casualty Company

MFDR Tracking Number
M4-13-0046-01

Carrier's Austin Representative
Box Number 47

MFDR Date Received
September 10, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Advanced Infusion Solutions (AIS) has been providing the prialt (J2278) for [the injured employee's] intrathecal pain pump since April 2010. Due to the extreme cost of prialt, our staff is instructed to always contact the adjuster/cariers in order to secure approval prior to the dispensing of prialt. History for this account shows our calling the adjuster to obtain verbal approval and then at some point we began calling Coventry for approval. History also shows payment being made with these verbal approvals. For this particular date of service, a member of my team…contacted …Coventry and …gave us approval under authorization number 921-1190. Being prialt is the only medication used to refill [the injured employee's] pump for the 2011 refills, there is no doubt [Coventry] was aware that prialt is what we were obtaining approval for and no reason for us to question the authorization.

Currently, payment for the December 2, 2011 is being denied by CNA stating we failed to obtain authorization. Efforts to resolve this matter with CNA have failed therefore leaving us with no option but to file a 'medical dispute'.

CNA is contracted with Coventry to issue or deny authorizations to providers. Due to the facts provided, AIS is confident that proper steps were taken to secure approval from Coventry for the dispensing of the prialt. The mishandling of this authorization is a clear slip up on the behalf of Coventry's staff.

AIS provided the prialt after securing an authorization and is requesting CNA to honor that authorization and settle the discrepancy with Coventry."

Amount in Dispute: $6500.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The disbursement of the formulary drug Prialt requires preauthorization. On this date of service, the Healthcare provider did not obtain preauthorization prior to refill of the implanted infusion pump. In this particular instance, the HCP refers to an Authorization #921-1190. This particular authorization number refers to refills of Dilaudid 4mg and Oxycontin 10mg with a start date of 11/04/11, and end date of 12/30/11. This authorization does not include Prialt. Additionally, Carrier's URA, Coventry, does not provide verbal approval for such services as indicated by the HCP."

Response Submitted by: Law Offices of Brian J. Judis

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 2, 2011	Refill of pain pump with Prialt	$6500.00	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.530 defines pharmaceuticals requiring preauthorization.
3. 28 Texas Administrative Code §134.600 sets out the procedures for medical services requiring preauthorization.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
   - 1 – (197) Precertification/authorization/notification absent.
   - Note 1 – Pre-authorization not obtained. (X973)

Issues

1. Under what authority is the request for medical fee dispute resolution considered?
2. Is preauthorization required for the disputed services?
3. Did the requestor support that proper preauthorization for the disputed services was obtained?
4. Is the requestor entitled to reimbursement?

Findings

1. The requestor is a health care provider that rendered disputed services in the state of Mississippi to an injured employee with an existing Texas Workers' Compensation claim. The health care provider was dissatisfied with the insurance carrier's final action. The health care provider requested reconsideration from the insurance carrier and was denied payment after reconsideration. The health care provider has requested medical fee dispute resolution under 28 Texas Administrative Code §133.307. Because the requestor has sought the administrative remedy outlined in 28 Texas Administrative Code §133.307 for resolution of the matter of the request for additional payment, the Division concludes that it has jurisdiction to decide the issues in this dispute pursuant to the Texas Workers' Compensation Act and applicable rules.
2. 28 Texas Administrative Code §134.530 (c) states in relevant part, "Preauthorization of intrathecal drug delivery systems. (2) Refills of an intrathecal drug delivery system with drugs excluded from the closed formulary, which are billed using Healthcare Common Procedure Coding System (HCPCS) Level II J codes, and submitted on a CMS-1500 … **require preauthorization on an annual basis**" [emphasis added]. Therefore, the services in dispute require preauthorization on an annual basis.
3. Review of the submitted documentation does not support that the requestor obtained proper preauthorization in the year prior to the date of service in dispute.
4. 28 Texas Administrative Code §134.600 (c) states, "The insurance carrier is liable for all reasonable and necessary medical costs relating to the health care: (1) listed in subsection (p) or (q) of this section only when the following situations occur: (A) an emergency, as defined in Chapter 133 of this title (relating to General Medical Provisions); (B) preauthorization of any health care listed in subsection (p) of this section that was approved prior to providing the health care; (C) concurrent utilization review of any health care listed in subsection (q) of this section that was approved prior to providing the health care; or (D) when ordered by the commissioner; (2) or per subsection (r) of this section when voluntary certification was requested and payment agreed upon prior to providing the health care for any health care not listed in subsection (p) of this section." The requestor has not supported that the disputed services qualify as one of the situations described in this section. Therefore, the requestor is not entitled to reimbursement for the disputed services.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

	Laurie Garnes	March 2, 2015
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.